



Texas Department of Health
Addendum to Hepatitis B Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) HepatitisB.
3. I know the risks of HepatitisB.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent HepatitisB.
7. I am an adult who can legally consent for the person named below to get the vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: ☐ HepatitisB Vaccine

Information about person to receive vaccine (Please print)				
Name: Last	First	Middle Initial	Birthdate	Age
Address: Street	City	County	State TX	Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
x _____ Date _____				
_____ Date _____				
Witness				

For Clinic/Office Use Clinic/Office Address:
Date Vaccine Administered:
Vaccine Manufacturer:
Vaccine Lot Number:
Site of Injection:
Signature of Vaccine Administrator:
Title of Vaccine Administrator:

Texas Department of Health
C-106 (2/99)

CDC VIS Revision 7/11/2001

CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) schools in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas 78756.
☐ **Yes. Add my child's information into the Texas Department of Health, Immunization Registry.**
☐ **No. Do Not add my child's information into the Texas Department of Health, Immunization Registry.**

Signature of parent, guardian, or managing conservator

Date of signature

Instructions: Store the parental consent statement in the patient's chart.
--